Committee Name:			
AMERICANS	FOR A	DEMOCRAT	IC MAJURITY
If registered, FEC ID:]	
Today's Date:	وجار كياب ورخام مدوم مالدان المواد		,
4/15/15			

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

REYNALD M. THOMAS, Treasurer

and the state of the property of the property

1503-142-0578

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2015 APR 20 AM 7: 27

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
IAMIER I CIAINISI	FIOIR A DEM	MOCRATIC MAJ	ORITY
ADDRESS (number and street)	1,04 GULL	ANE COURT	
(Check if address is changed)			
	CITY A	S C 1, T, Y	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS		
☐ ◀ (Check if address is changed)	REYTHOMA	95 Q AFDMUSA	1.026
	Optional Second E-Mail	$ O_{-}^{Address} A_{-} H_{-}O_{-}O_{-} \cdot C_{-}O_{-} M_{-} $	1
COMMITTEE'S WEB PAGE AD (Check if address is changed)		145A.O.B.	
2. DATE 0 9 1	s'a dis		
3. FEC IDENTIFICATION N	имвег ▶ С		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	this Statement and to the b	pest of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	REYNALL	M. THOMAS	ζ
Signature of Treasurer	Mual a	n. the	Date 0.9 5 2015
NOTE: Submission of false, error	neous, or incomplete informat	tion may subject the person signing t	this Statement to the penalties of 52 U.S.C. §30109

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. ORM 1

 	 _Y .	
Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM (Revised 06/2012)

ı	1	FEC Fo i	rm 1 (Revised 02/2009)	Page 2	
5.	TYP	E OF C	OMMITTEE		
Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name Cand	e of lidate			
		didate Affiliatio	Office Sought: House Senate President	State	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Cand				
	Pari	ty Con	nmittee:		
	(d)		(National, State (D	Democratic, epublican, etc.) Party.	
	Poli	tical A	ction Committee (PAC):		
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization				
				Labor Organization	
				Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)			
		1	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Join	t Fund	raising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	FEC ID number		
		3.			
				4 4 4 4 4 4	

142
05 00

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ue e	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		!
		<u> </u>
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
_	CITY SIATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
Full Name		
Mailing Address		1 1 1 1 1 1 1
Title or Position	CITY STATE	ZIP CODE
TREASURER) 	1.1
I I MENTO DATE EIN	Telephone number	
	nd address (phone number optional) of the treasurer of the committee; and the na	ime and address of
any designated agent (e.g.,	assistant treasurer).	
Full Name of Treasurer	NACO, M. THOMAS	
Mailing Address	1.04 GULLANE COURT	
•		
	STEPHENG CITY VA DAG	 2551-1
Title or Decision	CITY STATE	ZIP CODE
Title or Position	Telephone number 410-3	021-17563

FEC Form 1 (Revis	ed 02/2009)		Page 4
Full Name of Designated Agent			11111
Mailing Address			
·	CITY	STATE	ZIP CODE
Title or Position			
	<u> </u>	ephone number	
 Banks or Other Deposito safety deposit boxes or ma 	ries: List all banks or other depositories in which aintains funds.	the committee deposits t	funds, holds accounts, rents
Name of Bank, Depository,	, etc.		
UNI	TED BANK		
Mailing Address	4095 NALLEY PL	K.G.	
		11111	
	WINCHESTER	L.A	1236071-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	, etc.		
1			
		<u> </u>	
Mailing Address			<u></u>
	CITY	STATE	ZIP CODE

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Marin Amerikan Amarikan Amarikan Amarika

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **Date of Receipt USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2015)

PREPARER